**Supplemental Material**

Figure 1. BASIC Definition

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| **Any** of the following criteria define **severe bleeding**:   * Bleeding that leads to at least one organ dysfunction, using PELOD-2 score criteria of organ dysfunction, within 24 hours of the previous assessment (if there is no previous assessment, the baseline results are presumed to be normal). The organ dysfunction should be associated with the bleeding, in absence of other causes. * Bleeding that leads to hemodynamic instability, defined as an increase in heart rate (HR) by > 20% from baseline or a decrease in blood pressure (BP) by > 20% from baseline. The hemodynamic instability should be associated with the bleeding, in absence of other causes. * Bleeding leading to a drop in hemoglobin (Hb) >20% within 24 hours. The drop in Hb should be associated with the bleeding, in absence of other causes. * Quantifiable bleeding ≥ 5 ml/kg/hr for ≥ 1 hour (eg. chest tube, drain). * Intraspinal bleeding leading to loss of neurologic function below the lesion, non-traumatic intra-articular bleeding leading to decreased range of movement, or intraocular bleeding leading to impaired vision. |

Table 1. Median Age of Subjects By RACHS Score

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| RACHS score | Median Age (months) | IQR |
| 1 | 60 | 34-105 |
| 2 | 6 | 4-50 |
| 3 | 48 | 8-126 |
| 4 | 1 | 1-29 |

Table 2. Criteria Met by Nine Subjects who did not have > 5 mL/kg/hr chest tube output

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| Patient | Bleeding leading to organ dysfunction | Bleeding leading to hemodynamic instability | Bleeding leading to drop in hemoglobin |
| 1 | X | X |  |
| 2 |  |  | X |
| 3 | X | X |  |
| 4 |  | X |  |
| 5 |  | X | X |
| 6 | X | X |  |
| 7 |  | X |  |
| 8 |  | X | X |
| 9 |  |  | X |

Table 4. Information on Four Subjects who Developed Organ Dysfunction Secondary to Bleeding. Of note, one patient also had bleeding > 5mL/kg/hr.

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| Patient 1: PELOD criteria (Pulm, renal, CV): Had hemoperitoneum and bleeding which lead to oliguria due to increased abdominal pressures and hypotension with systolic BPs less than 65 for age (required a peritoneal drain to be placed), and did have increase in Cr to 0.7 (> 0.62 per PELOD criteria), and remained mechanically ventilated. |
| Patient 2: PELOD criteria (Pulm and CV): Had bleeding requiring multiple transfusions and required high FiO2 including 100% FiO2 and PaO2/FiO2 was <70 based on several arterial gases, remained mechanical ventilated and then also had systolic BPs in between less than 65 for age. |
| Patient 3: PELOD criteria (Pulm, CV, Hepatic): Had hemothorax and blood loss leading to hypotension (systolic BPs in 40s), and elevated PT and INR of 1.6. Also remained mechanically ventilated. |
| Patient 4: PELOD criteria (CV, Pulm): Had bleeding with significant hypotension (systolic 70s for age) requiring multiple transfusions and fluid resuscitation. Remained mechanically ventilated (had high FIO2 but also high PaO2s). |